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## ORIGINAL DEPARTMENT.

### COMMUNICATIONS.

#### ON SO-CALLED TYPHOID FEVER.

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(Concluded from No. 954.)

##### Pathological Lesions.

It is claimed by a majority of writers on typhoid fever, that the glands of the ileum and mesentery are always found more or less diseased in this fever, and very seldom from any other, and we find Wood using this emphatic language as proof of the assertion: "But there are certain anatomical changes which are especially characteristic of enteric fever, and which are so seldom wanting, that they may be considered essential. Such is the affection of the elliptical patches of aggregated mucous follicles in the ileum denominated the glands of Peyer. This is quite as characteristic of the disease in question as the peculiar pustular eruption is of small-pox. It has, in fact, come to be regarded almost as a necessary post-mortem test of the existence of the disease." Were these assertions true, anatomical investigation proving them correct in every instance, then we would be compelled to accept them as true, and say typhoid fever, being a specific disease, has specific lesions, which do not exist in any other disease. From these views I dissent, for several good reasons. First. The anatomical search does not make these lesions universal. Second. That in diseases diagnosed and treated entirely different from that fever, post-mortem examination has revealed a diseased

condition of these glands; and, Third. That cases possessing many of the prominent symptoms of this fever during life, gave no evidence of severe disease of these structures when examined after death. Hence it cannot be claimed as true that these glands are affected in no other disease than typhoid fever.

To illustrate these views, we will give facts which are founded upon investigations made upon subjects dying from various diseases.

Case 1. On the 17th day of December, 1843, Mary L., aged 22, sought medical advice from an old and experienced physician: being present, I noticed that she presented a fine physical development, and she gave the following history of her condition: On the 9th of December, after having worked pretty hard, washing and scrubbing, she had a severe chill, which lasted, she thinks, at least three hours. On the 10th she felt somewhat better, but still complained of lassitude, loss of appetite and slight headache. On the 11th the feelings of discomfort increased, so that at night, before retiring, she took a warm bath, and drank freely of warm pennyroyal tea; this produced a copious perspiration, and gave her a tolerable good night's rest. On the 12th, headache still present, no appetite, bowels regular, at bedtime took a dose of aloes and whisky, kept as a domestic remedy, for a purgative; this moved her bowels freely. On the 13th she still felt no better; at night another dose of the purgative, which acted twice, well. On the 14th she felt so unwell that she was compelled to lie down the most of the day; at night repeated the bath and tea; had profuse sweating. On the 15th complained of feeling sore all over, and

especially across her bowels; applied hot fomentations to her bowels, she thinks with slight relief. On the 16th had some fever, the first she had noticed; thinks it was highest in the afternoon. On the 17th she was brought to the office for treatment; she was well developed; cheeks purple flush; hebetude of expression; had epistaxis twice before she was seen by the physician, and it came on while in the office; complained of feeling very weak, and of general soreness; there were three spots, indicative of the eruption characteristic of typhoid fever, one on the upper portion of the breast, the others in close proximity, near the umbilicus; after having made a careful examination of the case, the diagnosis was typhoid fever, an opinion which I deemed correct. Fomentations of hot water, having whisky and laudanum freely added, were ordered to be constantly applied to the bowels, and as her bowels had been moved freely, a Dover powder was given at bedtime, with instructions to keep quiet. She was treated on the expectant plan, no medicine being given, unless actually indicated. On the 22d there was a copious crop of rose-colored spots all over the abdomen, whether produced by the fomentation, or as a result from the disease, it was not determined; sudamina was present all the time; the pulse never exceeded 109, until the 29th, when it ran up to 143; hebetude of countenance increased daily; the purple blush increased; there was tympanitis after the 18th, which never disappeared, although emulsions of turpentine and other remedies were given for it; the mind remained clear until the night of the 28th, when there was some delirium. On the 29th she complained of severe pain through the bowels, the stupor increased, and she died comatose on the 29th, twenty days from her first complaining of indisposition.

Autopsy was made thirty hours after death; peculiar conditions attending the case forbade its being done sooner. From the comatose condition at death, an examination of the brain was deemed advisable. Strong adhesion of dura matter; nothing abnormal in arachnoid membrane; in cutting through cerebral substance, a good many dark red spots were observed; the large veins between the convolutions were more or less congested; in the posterior lobes of the cerebrum there was about an ounce of dark-colored liquid. There was slight inflammation of the lungs; the heart

looked healthy in every respect; the gastric mucous membrane presented no observable lesion, except being slightly reddened; the duodenum was in appearance similar to that of the stomach; the glands of Bruner were in no wise diseased; the small intestines were considerably distended with flatus, and contained a dark liquid matter. Very careful examination was made of the elliptical plates, but no enlargement or the slightest evidence of ulceration was present; a portion of the bowel, from the ilio-caecal valve, for four feet upward, was cut out, carefully washed and placed under the microscope, but no additional information was obtained. The mucous membrane of the large bowel was healthy throughout; the spleen was slightly enlarged and presented a bluish color; the liver was healthy; so were the kidneys; the uterus and appendages were healthy. We were at a loss, after this very careful autopsy. We expected to find the glands of Peyer and mesentery inflamed, ulcerated, and from the pain simulating peritonitis, perforation of the bowel, letting the contents into the cavity, producing peritonitis; none of which were discoverable; the question then is, what disease was it that produced death. Was it meningitis, cerebro-spinal meningitis, or could death result from the slight evidence of disease we found in the lungs? Bartlette tells us, that "Louis once mistook a case of central softening of the brain occurring in a boy for typhoid fever." If this was a disease of the brain, why such little manifestation during life? It was not typhoid fever, as taught us in hospitals and from books. I have stated facts, and the reader may draw his own conclusions.

CASE 2. Samuel L. H., aged twenty-eight, called at the office of the same physician, on the 3d of January, 1844, complaining of feeling unwell; he had ridden some five miles on horseback, and seemed much worried; he said he had never felt better than he had through the holidays; was disposed to believe that the worry and excitement was the cause of his feeling so badly; with the exception of a wearied look, he seemed in vigorous health; he was given a careful examination, which gave a negative result, and he was advised to return home and take a thorough rest, and be very careful of himself, and if not better in a week to report at the office again. He acted on this advice and returned home; four days after this the physician was called to visit him, and he

had me go with him. When we arrived at the house, we found him sitting by the fire; complained of some headache, had several spells of nose bleeding, and thinks he has had slight fever of evenings; expresses himself as not feeling very sick, yet unable to attend to business; has a wearied look, and says his bowels have not acted for the past two days; pulse 90, and feeble; breathing natural; placing the ear to the walls of the chest, we find no abnormal sound; examined his chest and abdomen for any eruption that might be present; found none; urine has rather a high color: not being satisfied with the examination, held our diagnosis in abeyance until our next visit: as there had been no action on the bowels, and as he had headache, and urine high-colored, we felt safe in giving him,

|                   |       |
|-------------------|-------|
| R. Mass. hydrarg, | gr.xx |
| Pulv. ipecac.,    | gr.j  |
| Bicarb. soda,     | gr.x. |

To be taken at two doses, four hours apart, and unless the bowels were freely moved, he was to take a saline purgative; left also pulv. doveri, twelve grains, to be taken in hot tea; after the free action of the aperient and purgative, to have tepid bath daily, and well rubbed off, and to keep his bed. January 9th visited him again; the pills and purgative had acted well, passing off considerable bilious vitiated matter; skin moist; tongue slightly coated with a white fur; headache, if anything, a little better; has a loathing of food; seems disposed to sleep; talks but little, unless it is solicited; his cheeks have a dark purplish hue; pulse 96, feeble; complains of no special pain; thinks if he could get a good sleep he would feel much better; his mother says he has slept well all the time; on making pressure over the right iliac region, we could very plainly feel and hear the gurgling spoken of as pathognomonic of typhoid fever; the lungs, as far as we were able to judge, were in a normal condition: not being satisfied, we still held our opinion to ourselves; repeated the prescription, ordering mustard draughts to the back of neck and over the superior portions of the lungs, and to be repeated every eight hours; left him also a mixture of paregoric, nitric ether and vin. ipecac., to be taken every two hours after the action of the purgative, if he has fever and skin dry. February 10th the pills and purgative had acted as at first; skin moist; tongue cleaner; urine less colored; pulse 102, feeble; the

cheeks had assumed a dark crimson color; has had nose bleeding quite freely; hebetude of expression; won't talk unless spoken to sharply; eruption very visible over chest and abdomen; gurgling on pressure; no cough; had none during his sickness; bowels to-day quite tympanitic; pronounced it typhoid fever; ordered stimulants and to have nutritious food to be given frequently. On the 10th of January the eruption has nearly all faded away; patient weaker; stimulants and food seem to have no beneficial effect; there is almost constant stupor. On the 20th of January the patient died: permission was obtained to examine the body, excepting the brain. The lungs were vividly red, with considerable oedema; the tissue was very friable, with evidence of congestion in posterior parts; the heart was in a normal condition, but there was blood, quite dark and thick, in the cavities; the mucous membrane of the stomach was healthy; the mucous membrane of duodenum, extending to the cæcum, presented an entirely healthy appearance; the liver was larger than natural and quite soft and flabby; the spleen was slightly enlarged and presented a peculiar bluish color; the kidneys were healthy. In this case we had the typhoid prodromus, the typhoid expression, the typhoid eruption, the typhoid gurgling, and yet not a particle of disease manifest in the glands of Peyer, Bruner, or mesentery.

CASE 3. Peter B., aged forty-three, possessing fine physical development, addicted to excessive drinking, at least once each month, remaining in this inebriated condition generally about one week; in the intervals was a hard working and industrious man. In May, 1844, during one of his monthly sprees, he was picked up from a fence corner in an exhausted condition; from the condition in which he was found, it appeared as though he had cholera morbus, as he had vomited freely, and his bowels had acted excessively, rendering his condition filthy in the extreme; his breathing was hurried; pulse 113, and very feeble; his breath smelt strongly of whisky. Very little information could be obtained from him as to his previous condition; a saloon keeper testified that he had left his room at 11 P.M., and that he did not notice anything unusual in his appearance or actions; the best information that could be obtained rendered the opinion plausible that he had taken an excess of liquor and food, causing the disturbance of the bowels; as it was about his

usual time to sober off, and from his weak condition, and from his bowels still being too free, a mixture of whisky, capsicum and laudanum was given him, to be repeated as often as might be necessary to stimulate and control his bowels. Saw him two hours afterwards; had taken two doses of the mixture, no movement from the bowels after first dose; pulse 121, feeble and intermittent; feet, legs and arms cold; had them thoroughly rubbed with hot whisky, capsicum and camphor, and wrapped in hot flannel cloths; gave him freely of egg-nog; omitted laudanum; breathing hurried; to have some good soup if it could be given him; called again in two hours and found him dead, having died about an hour after I left.

**Autopsy eighteen hours after death.** The brain was not examined; the lungs presented a highly vascular appearance; the vessels were not so full of blood as appearance would indicate; the blood was very fluid and pale; the heart seemed healthy, though empty; the stomach presented a reddened appearance; the mucous membrane of the entire canal was much inflamed; all the glands were enlarged and inflamed; and several of the elliptical plates of the ileum were ulcerated; one especially had a very ragged appearance, and from the loss of integument, would have soon perforated the bowel; the mesenteric glands were also enlarged; the intestines had but little in them, what there was was a very thin fecal matter, having usual smell; the liver was fully one-third larger than natural; both surfaces were hob-nailed; was easily broken down; the color was a bluish bronze; the spleen seemed healthy, though it contained more blood than expected; the kidneys were healthy; the bladder contained but little urine and seemed shrivelled.

**CASE 4.** Andrew A., aged thirty-one years; laborer by occupation; usual weight 165; sandy complexion; compact built man; habits temperate; was taken sick in May, 1844; attributes his sickness to having been thoroughly wet, and allowing his clothes to dry on him; had a severe chill, which he thinks lasted fully an hour; feels sore all over; has intense headache; pulse 116, full; fever supervened upon the chill leaving him, and he thinks he has had more or less since; saw him the first day of his illness; blood to the amount of twenty ounces was taken from the arm, followed by copious sweating; his head felt decidedly better from

the bleeding; gave two powders of calomel, antimony and soda, to be followed in six hours after the last powder with sal. epsom, sufficient to move the bowels freely; after free movements from the bowels to have quinine, ipecac, nitrate potassa, every four hours.

Next day found him easier, and the two first powders had purged and vomited him freely, throwing up large quantities of bile and undigested food; the powder acted eight times freely; the salts had been given, which produced seven more free liquid stools; skin moist; tongue heavy yellow coat; conjunctiva very yellow; skin yellowish tinge all over; pulse 101, soft and full; to have quinine, dovers, and nitrate potassa, every four hours; his underclothing to be changed, also bed-clothing.

Next day found him better in every respect; as his bowels seemed to be too free, gave quinine, opium, camphor, one powder every four hours; to have some light food if desired.

Next day still better; pulse 89, full; as his bowels seemed to be better, omitted opium, and gave quinine, camphor, dovers, every four hours.

Next day better; feels as though he could sit up; advised him to keep in bed and quiet for several days; pulse 84, soft and full; skin normal; had two actions from the bowels, healthy; urine healthy; says he feels first-rate; omitted camphor and dovers, and gave two grains quinine every six hours, and discharged him. Seven days after discharging him was called to see him again; had been up; been eating quite hearty for several days; says he never felt better; only weak up to to-day; has considerable fever, with disposition to vomit; finds it hard to retain anything on his stomach; gave him creosote, spt. ammoniz, ar., and aqua; applied mustard drafts over stomach and bowels.

Next day found his stomach quiet; has vomited but twice since yesterday; has more fever; pulse 111; seems chocked and weak; mind wandered considerable through the night; tongue dry and parched; thirst urgent; skin dry; urine rather pale; gave him cal. ip. soda, alternating with sulph. ether co., nitric ether and camphor water; the surface to be sponged with warm soap-suds, having some whisky in it.

Next day, no better; delirium almost constant; pulse 123 and very weak; bowels moved twice, rather freely; tongue still dry; urine the same; had the posterior part of his head shaved, and applied a blister, extending it

down the vertebra at least eight inches; to have quinine, camphor, and nitrate of potass, with food as much as he will take; to have whisky toddy freely.

Visited him in the evening; the blister had drawn well, and vesicles opened and dressed as I directed, with a cold clay cap; pulse 132, very feeble and intermittent; omitted all medicines and ordered the stimulants and food continued; he was stupid, in fact comatose, and he died in a strong convulsion about 11 p. m. The case presenting some anomalous conditions, request was made for post-mortem examination, which was reluctantly granted. The brain presented no special lesion; evidence of slight inflammation; the membranes, vessels and substances were carefully examined, but nothing abnormal was discovered. The cord was examined below the cervical axis, presenting no abnormal appearance. The lungs gave no evidence of fatal disease; the middle lobe of the right lung had a slight yellow color; the vessels were only moderately full; the tissue of the right lung was slightly crepitant. The heart was of normal size; the flabby valves supple; no excess of blood. The liver was enlarged, and had a peculiar bronze color, very friable; the gall bladder was moderately distended. The stomach presented an inflamed condition, and seemed studded with glandular enlargements; this peculiar condition extended through the entire canal; the glands of Bruner, the glands of Peyer, and the mesenteric glands were very much enlarged, and the elliptical plates were extensively ulcerated. The kidneys were normal; the spleen was larger than common; the bladder was contracted, and was quite dry, not to exceed a teaspoonful of water in it; this case was diagnosed and treated as bilious fever.

CASE 5. Henry G., aged 19; light complexion; square build; weighs about one hundred and forty pounds; never has been sick before; this case was in every respect about similar to case four; death supervening on the thirteenth day; post-mortem the same, at least so nearly so, that there was no pathological condition that would give any more satisfaction. This case was diagnosed and treated as bilious fever.

CASE 6. John P., aged 63; man of fine constitutional vigor; had, when 40 years of age, a severe attack of pneumonitis, and with the exception of slight colds, has enjoyed good health before and since the attack; farmer by

occupation; man of very temperate habits; two or three days before I was called, his appetite was not as good as usual, and he had some headache and soreness, yet he kept at his work, plowing corn; was called to see him June 5th; he then complained of feeling very sore all over, as he expressed it; some headache; very dizzy on stooping; conjunctiva yellow, tinge of skin the same; had taken ten doses of cathartic pills, but did not derive much benefit from them; pulse 97, full and strong; urine high colored; says he has had fever for the past three days; skin dry and harsh; gave him a full dose of cal. rhei and soda, to be followed in four hours with a saline purgative, and after the operation of the medicine, is to take a full anodyne of pulv. doveri, in hot tea. Next day found that the purgative had acted finely, and that he had five large and bilious stools; some of them, he says, were as black as coal, and quite consistent; skin more relaxed, with slight moisture; coat on tongue looks a little heavier, if any change; still very yellow; skin about same; urine high-colored; pulse 99, full; fever seems higher, to judge from flush on cheeks; not so sore; thinks he feels better; fearing some pulmonary complication, and the pulse warranting it, I drew from the arm twelve ounces of blood; he broke out into a copious sweat, and about half an hour after bleeding he fainted, but soon rallied; headache less; no soreness; repeated the alterative powder, to be followed by ol. ricini in six hours; left another Dover's powder, to be taken as at first. Next visit found that the purgative had acted very finely, and he had seven stools, all except the last very bilious; skin very moist; pulse 88, soft; tongue decidedly cleaner; no headache. Gave him qui. opii and nit. potassa every four hours, omitting the midnight powder if he rests well. Next visit, better in every respect; as the skin was acting too free, omitted opium and potash; gave him a solution of qui. and sulph. acid ar., teaspoonful four times daily, and discharged him. He recovered so as to visit a neighbor two miles distant, on horseback, in about a week after I left him; on returning home was caught in a thunder shower, and got a pretty good soaking; ten days after that, he commenced to cough; next day spat up the characteristic sputa of pneumonia, rust-colored; complained of pain in the right lung, and had considerable dyspnoea, and sent for me. I found him with high fever; pulse 116, and

feeble; lips purple; cheeks purple; countenance anxious; breathing oppressive; to relieve the congestion, I tied up his arm and bled him, and with my finger on the radial artery, watched carefully the pulse; it seemed to increase with the flow until eight ounces were abstracted, when it commenced to get weaker, and the bleeding was immediately stopped, and the arm tied up; he came near fainting, but the use of stimulants prevented; he rallied finely; pulse before I left was below 100; his age, previous illness, debilitated condition, forbade my using depletives of any kind, and I put him upon quin. carb. ammonia, nit. potass., powder every four hours. The next visit he seemed much better; omitted the potash, and kept him on quin. and ammonia. Next visit, found him decidedly worse; complained of great distress in bowels, and was occasionally delirious; bowels had acted sufficient; could find no cause for the change, and he died that evening, in deep stupor.

Permission was obtained to examine the body; the head they did not wish touched; consequently the brain was not examined; old adhesions were found to a considerable extent, in the pleura of the right lung. The lungs were much engorged, and hepatization existed to a large extent of right lung; the vessels were full of dark gummy blood, and were very easily broken down; the heart appeared normal in all respects; the liver was normal in size, but the color was a bronze, yellowish cast, and yellow fluid exuded from it; when cut through, it seemed firmer and tougher than usual. The gastric mucous membrane looked healthy; the mucous membrane of the intestines gave evidence of inflammation, which increased as we went down; the glands were enlarged, inflamed, and in the elliptical plates were ulcerated; several of them were ulcerated to the extent of one nickel piece. The kidneys were healthy; one was considerably smaller, yet seemed in every way healthy; the bladder contained much urine, and seemed healthy; the spleen was enlarged, and of bluish caste. This case was diagnosed and treated as bilious fever in the first attack; pneumonitis in the second attack.

CASE 7. Wm. T., aged, 23; good constitution; naturally, strong, well developed young man; had been engaged chopping cord-wood on the river bottom, and as a contractor. Intermittent fever, from exposure; was seen twice by Dr. T., and had regained his usual health, so far as warranted him to commence his work; in two

weeks after his first attack, he had, he says, a very severe chill; felt burning up and freezing at the same time (paradoxical as it may seem), and after lying nearly all day in his hut, and feeling better, he concluded he would go home, which was some six miles, and on the uplands; the next day, about the same time in the day, he felt another chill, and experienced pretty much the same feelings, until he remembered nothing more until after midnight; the attendants say, that two hours after he commenced complaining, he became flighty, and finally fell into a stupor, from which no attempt was made to rouse him; hot bricks and jugs of hot water were freely applied to his extremities, and cloths wrung out of cold water applied to his forehead; after he had rallied again, and having some of the medicine given him by Dr. T., he commenced taking it, but after taking two doses, the chilly sensations came on again, and I was sent for in great haste to see him.

I found him in an insensible condition, shriveled appearance, carotids and temporal arteries beating preternaturally strong and full; pulse at the wrist hardly perceptible; extremities cold, and bathed with a pasty-feeling sweat; breathing irregular and heavy; hurriedly gathering the history of the case, and being satisfied of its character and gravity, I based my treatment on the following reasons: here was evidently a failure in the function of respiration, owing to a want of power of the heart to force sufficient blood through the lungs, affording an imperfect aeration of blood, and of consequence, a failure of co-operation of the brain, producing fatal lesions of the nervous and circulatory systems. I immediately adopted a course that I had seen used twice before, under apparently similar conditions, and with success. The patient was lifted out of his bed and placed on a lounge, and standing on a chair I poured over him fourteen large pitcherfuls of cold water; after the twelfth pitcher of cold water, I poured on alternate hot water, as hot as could be borne, had him well dried and wrapped up in blankets, ordered attendants to take dry mustard and pulv. capsicum and rub his extremities well; before finishing the cold water his breathing became regular, pulse perceptibly full at the wrist, and after several prolonged yawns he wanted to know what was the matter; reaction was complete in four hours; I gave him thirty grains of quinine with two grains of opium, and left

him a similar powder to be taken in four hours. Next visit found him in every respect better; omitted opium, and gave five grain doses of quinine every four hours; next day finding him still better, and leaving him twelve powders of quinine, two grains each, I discharged him; his recovery was rapid, and in two weeks from my last visit he returned to his work in the woods; he cut wood for three days; on the fourth day after he commenced work he was taken with a chill, which his associates informed me lasted about an hour, when he went to sleep, as they thought, and they went to their work; when they returned to the hut for dinner they found him dead; he was brought from his hut to his former home, and by the permission of his parents I examined the body. The vessels of the pia-mater were injected with thick dark blood; there was a slight deposit of fluid, assuming a purulent nature, between the meninges; cortical substance darker than natural; the ventricles were distended with a yellow fluid; the substance of the brain seemed a little softer than natural, otherwise healthy; the cerebellum, corpora quadrigemina, extending to the cervical axis, was decidedly soft. The lungs had a deep purple color, and were slightly hepatized; when cut into a thick and dark fluid would flow out; they were quite friable. The heart was natural but the pericardium contained about three ounces of serum. Liver larger than natural, otherwise healthy; kidneys were healthy. The spleen was increased to double its natural size, and contained much dark grumous blood. The stomach and intestinal canal was much inflamed throughout its entire length; the glands of the ileum were much enlarged, and two of them showed evident signs of ulceration; the mesenteric glands were but slightly affected; the bladder was shrunken, and had but little urine in it. This case was diagnosed and treated as malignant intermittent fever.

CASE 8. Was a colored girl; Charlotte; twenty years of age; healthy, well developed girl; slave, belonging to Mr. Porter; when preparing dinner complained of feeling badly; sore throat, and some headache; as she got worse rapidly, I was sent for in the afternoon; the tongue and fauces were very red, deep purple hue; pulse 112, and very feeble; complained of great faintness and labored hard for breath; countenance very anxious; skin hot and pungent; thirst urgent; her age and pre-

vious good health warranted the loss of blood; to relieve the urgent symptoms, as the lungs seemed overwhelmed from some cause, had her feet placed in hot water, and had her take several deep inspirations, at the same time carefully watching the pulse; after losing about nine ounces the pulse commenced to fail, when the flow was stopped; had her laid on a lounge, with her head and shoulders elevated, and ordered cold water to be poured from a height over her naked breast and stomach, which was done, to the number of nine large pitcherfuls; then had hot water to alternate with the cold; the pulse became fuller and stronger, and after twenty-two pitcherfuls had been used reaction was very evident. Had her rubbed dry and placed in bed, between warm blankets; extremities, before cold, were now feeling natural; gave her twenty grains qu., six grains carb. ammonia, one grain opium, and applied a large mustard sinapsis over lungs and stomach. Pulse 98, and much stronger; faintness and oppression much relieved; the same kind of a powder was left, to be given in two hours, if there was any change for the worse; if not, then it was to be given in four hours; ordered egg-nog and good soups, if she would take them. Returned to see her about five hours afterwards; found that the powder had been given in two hours; profuse perspiration, which was clammy; breathing hurried; pulse 127; not perceptible at the wrists; and she died about 4 A. M., sixteen hours from making the first complaint.

Autopsy, ten hours after death. The brain in no respect bore any evidence of disease; the mucous membrane of the fauces was very red, and was easily torn; the larynx was covered with a thick tenacious mucus, membranous in character. The lungs were full of very dark blood, otherwise seemed healthy; the alimentary mucous membrane gave clear evidence of inflammation; the glands of the ileum and mesentery were evidently inflamed and enlarged. This case was the first of a large number of malignant scarlet fever; the eruption could not be seen; owing to the color of the skin; the anatomical investigations made clearly establish the fact that the glands of the ileum and mesentery are diseased in other diseases than typhoid fever, hence this should not be deemed conclusive evidence that the patient had died of that fever. Establish this fact (and we find it resting on other and abler testimony), and one of

the main supports of typhoid fever falls to the ground.

We have notes of other autopsies, which would still show the fallacy of making disease of the ileum and mesentery confirmatory of typhoid fever. While many of these theories are claimed to be based upon anatomical and physiological facts, these are found to be untrue upon close investigation; while they may exist in typhoid fever, it is equally as true that they can exist in other diseases.

#### A NEW PROCEDURE TO EXTRACT FLUID SUBSTANCES FROM THE CAVITY OF THE MIDDLE EAR.

BY PROF. DR. JOS. GRUBER.

Translated from the *Monatsschrift für Ohrenheilkunde*, 1874, No. 12, p. 141.

Inasmuch as I intend, in one of the subsequent numbers of this magazine, to describe more minutely the anatomical conditions which impede the extraction of the adherent exudations in the tympanic cavity and the other portions of the middle ear, by means of the methods of procedure thus far employed in aural practice, I can content myself, on the present occasion, by merely describing the procedure which I have recently practiced, with this view, with very gratifying success, and which, in my opinion, deserves imitation. In general, nearly all experienced aurists will coincide with me, that the air douche alone, whether employed upon an ear in which the tympanic membrane is intact, or on one in which this membrane is perforated, only occasionally succeeds in driving the exudation out of the tympanic cavity. The tympanic orifice of the eustachian tube, in the majority of cases, opens high up on the anterior wall of the tympanic cavity, in consequence of which the exudation accumulated on the floor of the cavity remains undisturbed by the current of air, even when it passes through the entire cavity. Even when the tympanic membrane is perforated, and shows a great loss of substance, it often happens that that portion of the exudation which lies on the floor of the cavity of the tympanum, below the level of the perforation, does not escape through this opening in the membrane, but remains behind as an injurious agent. When there is also a large opening in the anterior segment of the tympanic membrane, it may very easily happen that viscid exudation may become accumulated in the posterior portion

of the tympanic cavity, by the very use of the air douche, and can at most be removed by means of a suitable incision into the posterior segment of the tympanic membrane. But even paracentesis of the tympanic cavity, practiced with every circumspection and calculation, does not suffice, now and then, to accomplish the purpose of completely emptying the space of the middle ear.

There is, in addition, according to my opinion, another condition which makes it very desirable to become acquainted with another method than that thus far practiced, to free the middle ear from exudation; and this condition I desire to elucidate somewhat in this article.

When we employ the air douche in one of the methods usually practiced, and resolve the problem in question in the best manner, that is to say the extrusion of an exudatory mass out of the tympanic cavity, it is self-evident that *almost always, in cases of non-perforated membrana tympani, and very often in cases of perforated membrane, at least some portion of the exudation is driven out of the tympanic cavity into the cells of the mastoid process*, and this is of great disadvantage, according to my experience, which is confirmed not only by the practice I have had with aural patients, but also by general fixed laws.

If ordinary masses of mucus become driven into the mastoid cells, it is not exactly the same thing, for, according to experience, they alone seldom do any harm. If, however, in a case of purulent inflammation, pus or ichorous products get into the cells of the mastoid process, from which they find it exceedingly difficult to escape, then the pus or its decomposed products must do some injury; and I believe that *in purulent inflammation of the tympanic cavity parts of the mastoid process would be much less frequently diseased consecutively, if this fact were regarded*.

The few data that I give here, and which I will complete in a subsequent article, will suffice to indicate the importance of the new method, which, in short, consists in this: *that I draw the exudation, or other fluids, as the case may be, out of the external meatus, through a perforation in the membrana tympani already existing or made for the purpose, by means of the exhausting syringe about to be described, and without use of the air-douche*.

The instrument which I employ is made in accordance with my instructions, by the instru-

ment maker, Reiner, of Vienna,\* and is shown in the accompanying illustration in its actual size.

It consists of the peculiar syringe, shown above, and an attached tube.

The syringe is the size of an ordinary Pravaz' syringe for hypodermic injection, and is constructed in the following manner:—

The cut represents a glass tube, which is fastened in a case of German silver, with a slot cut out upon its upper surface, by means of two screw-ends. In order to secure perfect closure, a centrally perforated rubber washer is placed between the ends of the glass tube and the end pieces.

The metallic case carries two projections on its lower surface, upon which a hollow bar is fastened, at the further portion of which a ring is attached. A metallic rod is movable in the hollow bar, and this carries the ring. This rod

also extends into the connecting limb, which places the piston of the syringe in firm connection with the rod. A screw fastens the connecting limb to the rod, and a larger screw fastens the same connecting limb to the piston of the syringe.

\* This instrument is also made by Mr. Kolbe, of Philadelphia.]

If now the thumb of the operating hand is inserted into the first ring, and the fore or middle-finger into the distal ring, and the latter is pressed towards the former, the rod moves in the hollow bar; and as the rod is in firm connection with the piston of the syringe, the latter must move with it, by means of which a suction power is exerted with the syringe; the whole being directed with two fingers.

The distal ring is brought somewhat to the side of the rod, so that it passes beside and beyond the proximal ring, on drawing out the piston, thus permitting complete retraction of the piston.

To complete the apparatus, attachment tubes of different calibres are required, which are attached at the end of the syringe, and which must be completely air-tight. They are bent in a bayonet form, not far from the extremity of the attachment, in order that the syringe when in use may lie beneath the external meatus, so as not to intercept the light. The terminal extremity is bent according to requirements. Bent in the form depicted in the illustration, it enables me to withdraw masses accumulated on the floor of the tympanic cavity.

In using this exhausting syringe, I employ illumination from a reflector attached to the forehead. This gives me both hands free, so that I can manage the ear-speculum with one, and the syringe with the other; and I can only say that with accurate anatomical acquaintance with the parts, and some manual dexterity, its employment is very easy, and that this method has yielded me the most satisfactory results.

An experiment to which I shall recur in another place, has taught me that, at least in many cases, a certain bending of the head forward and downward, just about the position that is taken for the purpose of dropping a medicated fluid into the meatus, with the affected ear lowermost, will permit the passage of exudations accumulated in the cells of the mastoid process to flow out of them into the tympanic cavity, whence they can be extracted by means of the exhausting syringe. I have also often succeeded in experiments upon the dead subject, and with macerated temporal bones, in reaching the entrance to the cells of the mastoid process, by suitably bending the terminal extremity of the attached tube. What significance, however, the palpability of direct removal of purulent exudations out of the mastoid cells of the temporal bone may have in the treatment of puru-



lent inflammations of this region, requires no further elucidation of details.

[The following translation in the London *Medical Record*, May 5th, is added to complete the above subject:—]

"Professor Gruber read before the k. k. Ge-sellschaft der Aerzte, in Vienna, a paper which is reported in the *Allgemeine Wiener Medizinische Zeitung*, for December 22d, on the treatment of inflammatory affections of the middle ear. He pointed out, especially, the fact, which ought to be kept in mind by aurists, that the tissues bounding the tympanic cavity are very unfavorable to the resorption of exudation in the cavity, while the natural outlet, the Eustachian canal, has, in those cases where it is most desired that it should be open, viz., when mucous or purulent accumulations are lying in the cavity, its mucous lining so much swollen, and the lumen so narrowed thereby, that the passage of such masses is not easy, and, moreover, the muscles of the tube are, in such cases, often disturbed in their function and incapable of acting sufficiently. The means employed by surgeons to remove such accumulations have been, and are, perforation of the membrana tympani, passage of the air-douche through the Eustachian tube, or both combined; some insisting that the evacuation of the cavity, without perforation of the membrane, is not possible; others, among whom stands Professor Gruber, holding that the air-douche, alone, is often successful, while in others it is not so, or only imperfectly. To determine the cause of failure in some, Gruber has examined fifty temporal bones. He found in normal auditory organs great differences in the distance from the isthmus to the mouth of the Eustachian tube, the distance varying from one and a half to four and a half millimètres, (0.06 to 0.18 inch). In some, the opening of the canal was circular, in others very irregular, and in other cases so narrowed that it had a breadth of three-quarters of a millimètre, with a height of from two to three millimètres. From the walls of the bony tube, also, were sometimes seen ridges projecting, which, especially when the mucous membrane is swollen, must lessen the lumen of the tube considerably. The tympanic opening of the tube was sometimes as high as five millimètres above the floor of the cavity, while in others it opened close on the floor. The posterior wall of the carotid canal, in some cases, projected into the tympanic cavity on its ante-

rior wall, while in others its course on that wall was not recognizable. The convexity formed on the floor of the cavity by the jugular fossa was found smooth or irregular, according to the development of the superior wall of the fossa. Lastly, bony lamellæ were sometimes seen to spring from the walls of the cavity projecting into it, and so forming deep recesses in which masses of exudation might become fixed.

"These peculiarities must have, as Professor Gruber says, an influence on the action of the air-douche; and he raises the question of the advisability of employing this remedy always for the removal of exudations from the tympanic cavity. He believes that in some cases, where purulent or ichorous exudation is present, the air-douche may drive it into the mastoid cells, and so cause inflammatory processes there, and, with this belief, he proposes to remove the exudation by means of a suction instrument, passed through the membrane in the same manner as has already been done in England."

## MEDICAL SOCIETIES.

### AMERICAN MEDICAL ASSOCIATION.

#### OBSTETRICAL SECTION.

*Address of the Chairman, Dr. W. H. Byford, Chicago, Illinois, on the Treatment of Fibrous Tumors of the Uterus by Ergot.*

Until recently, all forms of fibrous tumors of the uterus were regarded as beyond the reach of medicine or surgery. Enucleation was regarded as the only operation to be thought of, and that was very difficult, except in desperate cases. All will agree that it should be a last resort. Of the medicinal treatment of these tumors, we may say that it is not a last resort, but a safe means to be used before danger presents. Even in extreme cases, we may hope for success. We have learned that ergot, etc., exerts a special influence on the unstriped muscular fibres. This property is possessed not only by ergot and belladonna, but also by quinia, some preparations of lead, alum, bromine, and iodine in a high degree, and by most of the astringents.

From our knowledge of the unstriped fibres in the composition of the uterus, we can better understand how these agents can act upon the uterus. While these fibres form the muscular structure of the walls of the womb, they also form part of the arteries supplying its blood.

Ergot and belladonna act upon the walls of the uterus in a triple way, causing a diminution of the blood flow. The calibre of the arteries is diminished by the contraction of their

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muscular fibres; the arterioles are diminished in size by compression, by contraction of the uterine muscular fibres and womb; these vessels are distorted by both the contraction and compression, and hence, is checked the blood flow. Under the influence of these remedies, the nutrition of fibrous tumors is diminished, and hence they are more susceptible to disintegration and absorption.

We must not, however, expect too much of any remedy. The great success of Hildebrandt has exceeded that of his followers, and they have hence been tempted to reject the whole as a mistake. Probably partial benefit only will result in a majority of cases. Tumors which have become of a cartilaginous hardness, or masses of earthy matter, cannot be absorbed. Nor can they be disintegrated by lack of nutrition. Again, the power of contraction in some tumors is almost gone.

Tumors, however, of a single nucleus are generally very vascular, and the muscular fibres are hypertrophied, as in pregnancy. These grow rapidly, and at the same time are most easily affected by ergot.

Between such extremes there will be a great variety of results in treatment. As circulation diminishes, etc., the vitality of the tumor is lessened, until fatty degeneration results, and absorption is easily accomplished. Again, the ergotism aids to expel the tumor, whether it be a polyp or an intra-mural tumor. When the tumor is nearest the mucous surface this result is most liable to occur. He detailed two cases of his own; the fluid extract of ergot was used in one, in half drachm doses, for nearly three weeks, producing great suffering from uterine contraction. The tumor expelled, with inversion of the uterus, enucleation was performed, and the uterus replaced. In the other the ergot was used both by the mouth and hypodermically. The most complete success followed in both cases.

He had abstracts of one hundred cases of this mode of treatment, with the most favorable results, obtained from journals and letters of professional friends. In some cases, the pain has been intolerable and the remedy was discontinued. Again, ergotic intoxication supervenes and prevents a continuance. The debilitating hemorrhages, and leucorrhœal discharges are often promptly relieved. In many the tumor is greatly diminished. Again, if the tumor is not sensibly affected, disagreeable symptoms are generally relieved. Occasionally, no result is seen to follow treatment by this remedy. Metrorrhagia has been mitigated, though the tumor was apparently not affected.

He gave in great detail the cases by a number of operators, from which he drew the above points and a most favorable verdict by all. He sums up 101 cases; 22 were cured; in 39 the tumors were diminished and the hemorrhage and other disagreeable symptoms removed; 19 were benefited by check of hemorrhage, etc., the size of the tumor and other conditions remaining unchanged. Only 21 en-

tirely resisted the treatment, leaving 80 decidedly benefited.

*Method of use of ergot.*—Uniformity is not observed as to its employment; some use it hypodermically, others, also, by the mouth and by the vagina and rectum.

Hypodermically, it is thought to act more rapidly and certainly, and without gastric trouble. It is objected that this plan causes pain by the needle, inflammation and suppuration. Pain of inserting is rarely an objection. Hildebrandt, in 1000 injections, never saw an abscess follow his own operations, and only three times in the charge of his assistants. He always injected very deep into the subcutaneous cellular tissue, perhaps even into the abdominal muscles.

Athill does the same, but had this trouble in all three of his cases.

Chrotak was compelled to abandon this method on this account, in four out of nineteen cases. Others also experienced the same difficulty.

Hildebrandt appears to stand alone in his success as to this point.

The lower part of the abdomen is selected for the injections, generally.

Keating injects back of the great trochanter. Jackson uses the deltoid as the point.

White injects over the abdomen into the cervix uteri, and into the tumor, if accessible, and with no bad results.

Wey encountered abscesses once in every eight injections. He used the abdominal region.

Hildebrandt uses Wernich's formula for the watery extract of ergot. It is thought to be very similar to that of Squibb. Hildebrandt adds pure glycerine, one part to four of the solution, and injects forty minims, containing a little over two grains of the extract, say ten to twelve grains of crude ergot.

Americans generally prefer Squibb's. He recommends the following: dissolve 200 grains of the extract of ergot in 250 minims of water, by stirring, filter, and make up to 300 minims by washing the residue on the filter with water. Each minim represents six grains of powdered ergot. Ten to twenty minims should be injected daily, or every two days.

Wey lays stress on a fresh solution, as it rapidly deteriorates and becomes irritating; generally in half an hour painful contractions result, an increased hardness of the tumor is felt. These contractions increase for two hours, continue with vigor from six to ten hours, and gradually cease. Some refuse to proceed, on account of the suffering. Often hemorrhage is insensibly controlled, and the tumor slowly decreases, without the patient experiencing any discomfort. Generally, the benefits are most rapidly produced in the early part of the treatment.

Most frequently, the internal treatment is by the fluid extract alone, or with belladonna. Some say thirty drops three or four times a day. Others use a drachm once or twice in twenty-four hours. Perhaps it is most efficacious in

large doses and less frequent. This preparation is very offensive, and occasionally cannot be borne. Squibb claims that his solid extract does not so offend. It may be used in pill coated with gelatine; five grains equal twenty grains of crude ergot, and may be given two or three times a day.

Dr. Byford preferred this form.

White uses a suppository of fifteen grains of solid extract.

The addition of belladonna increases, in some cases, the effect.

Goodrich, who obtained excellent results, used the two.

Ergot also benefits in other ways. Often it relieves obstinate constipation, improves the appetite, and health is regained. It may, however, cause inflammation of the uterus. Some have seen it produce vertigo, imperfect control of the extremities and slight spasms of the flexors of the forearm; others observed nervous perturbation. Allen reports phlebitis as resulting, in one limb resembling phlegmasia albadolens. It is believed not improper to continue its use during the menstrual flow.

*Auxiliary treatment* is rejected by some, but is generally regarded as useful. Absorption may be promoted by the alkaline bromides and iodides.

*Corrective treatment* aids to prevent or ameliorate the disagreeable effects of the ergot. The chloral renders it more tolerable. Indigestion, constipation, etc., may be corrected by tonics, laxatives, and stimulants, given simultaneously with the ergot. Finally, he concludes, the ergot may cause disintegration and absorption, may interrupt the nutrition of the tumor; decomposition occurs within the capsule, and a semi-putrid mass is expelled. This is accompanied by inflammatory symptoms, and more or less toxæmia. The tumor, in its capsule, may be expelled from the cavity of the uterus, with greater or less inversion of the womb. It is then readily removed. There may be great suffering, and even peril, from the gangrenous disintegration and the pain of expulsion. Ergot does not always act at once, but appears cumulative, causing rather suddenly extreme and prolonged contractions. Opium and chloral may then become necessary.

From a review of the cases, it is seen that the gradual disappearance of the tumor takes place under small doses.

We are warranted in saying that moderate doses of ergot, as one-half drachm doses of the fluid extract two or three times a day, or five grains of the solid extract once a day, hypodermically, persistently used, is generally sufficient to cause a gradual disappearance of the tumor, and this quantity should not be exceeded in the treatment of large multinuclear tumors.

When we desire to cause the expulsion or gangrenous disintegration of a tumor, we must use large quantities, and continuously, until this effect results. Much careful observation is yet necessary to determine fully the safe and effective use of ergot.

### COLLEGE OF PHYSICIANS, OF PHILADELPHIA, WEDNESDAY, APRIL 7, 1875.

The evening was chiefly taken up by two papers, one on

*Diabetes Insipidus and Its Treatment by Ergot.*

BY J. M. DA COSTA, M. D.

The case was as follows:—

Stephen S\_\_\_\_\_, native of Bavaria, a tailor, was admitted in the men's medical ward of the Pennsylvania Hospital, on the 19th of October, 1874. A small, thin man, about forty-three years of age, hollow-eyed, with prominent cheek bones, his complaint of weakness and prostration agreed perfectly with his emaciated appearance. Suffering continually from shortness of breath, from indigestion with acid eructations, a burning sensation in the epigastrium, complete anorexia, and from immoderate thirst; having his rest at night broken by the frequent necessity for micturition; he considered, but too correctly, that his health was lost, and that he was rapidly failing.

No family history could be obtained, and he positively denied any venereal taint. He had always regarded himself a healthy man until two years ago, when he met with a serious accident. By a fall from the roof of a house he was badly contused, besides sustaining a fracture of his clavicle and some of his ribs, and hurting the back of his head; for nearly a year after this fall he suffered from headache and vertigo.

The day after admission (October 20th) the urinary examination gave the following result: The urine in color was very light, almost limpid, slightly acid in reaction, the specific gravity only 1001; it contained neither albumen nor sugar; the quantity in twenty-four hours was 224 fluid ounces, corresponding exactly with the amount of water he had drank. He did not improve after admission.

On November 22d he passed 168 ounces of urine, specific gravity 1004, but the daily amount rapidly increased until it reached 260 ounces on the 25th, of specific gravity 1006, containing 24.407 grammes of urea (376 $\frac{1}{4}$  grains).

The valerian which had been prescribed was now stopped, as it had so evidently wholly failed, and ten grains of hydrate of chloral were given four times a day; but, as the dyspnoea seemed to increase, this in turn was abandoned in favor of bromide of potassium, twenty grains thrice daily, on the 1st of December, at which date he passed 193 ounces of urine, containing, as Dr. Longstreth informed us, 25.124 grammes of urea (387 grains) and 5.813 grammes of chlorine.

During the first days of December the face and ankles became edematous, the subcutaneous veins of the leg were enlarged, and dark red lines were visible on the lower extremities, which also pitted readily on pressure. He complained still of a great deal of headache and of a feeling of tenseness of the skin on the

forehead, and furuncles became manifest on the face. His condition was thus little, if at all, changed for the better. I now determined to give him ergot, a plan of treatment which, in conversation with my colleague, Dr. Hutchinson, I found had suggested itself also to him. At first it was resorted to hypodermically, but this caused so much local disturbance that the remedy had to be administered by the mouth. The internal use was begun on the 7th of December, one drachm of the fluid extract being given three times daily; this was increased, December 18th, to two drachms thrice daily. The diet was the same as before; the cod-liver oil was continued for a time, but not with great regularity, and it was presently wholly stopped.

From the time that the treatment by ergot was instituted, there was steady diminution in the daily amount of the urine, and rapid improvement in the patient's health; indeed, this was without a drawback, with the exception of a slight attack of pleurisy followed by some congestion at the base of the lung, and lasting only a few days. The patient was practically well on the 25th of January, 1875, when the ergot was discontinued, but he was retained under observation until March 10th, in order to decide whether the improvement was a permanent one.

The steady decrease in the amount of urine from the use of ergot may be seen from the following: The remedy was fairly begun on the 7th of December; the amount of urine passed in twenty-four hours had been, on December 4th, 227 ounces, which was the last measurement made before the ergot was commenced. On December 9th, it was 152; on the 14th, 126; and on the 23d, 91 ounces. From this time onward the highest amount passed was 76 ounces on December 27th, and from the first of the year to the date of discharge, the maximum was 74 ounces, and had been several times as low as 40 ounces a day. It is proper to state that during his stay in the hospital the urine was repeatedly tested for albumen and sugar, but with uniformly negative results.

When discharged he was well and strong, and he had never been in better health. During his stay with us he gained in weight forty pounds; and it was difficult to recognize in the fat, bright-eyed, jovial man who left the hospital, the lean, languid-looking, dejected patient who had come to it but a few months before, apparently to die.

He was seen last week (April 3d, 1875), and reports his improvement as permanent.

Dr. Da Costa continued, with the following remarks:

*Diabetes insipidus* is, when well-marked, for the most part a fatal disorder, though the patient may be kept in fair health for years. "The treatment of the disease, so far as our present knowledge goes, is rather compensatory than curative," says the latest authority on the subject; and, notwithstanding the good results published by Troussseau in a few instances, from the valerian treatment, he agrees substantially

with Dr. Dickinson, for these are his ominous words: "I have, on the other hand, had the pain to see nearly all the polyuric patients whom I had to treat waste away rapidly and die much earlier than those who had saccharine diabetes." My own experience has been the same; and the case which I have to-night presented to the Society is the first one which I have seen recover; I mean the first marked one, in which there were the grave symptoms of disturbance besides the excessive flow of urine.

That the recovery was due to the action of the ergot there can be no doubt. The drug has been used in saccharine diabetes, and, it is said, with some advantage, though I have not been able to obtain with it any specially good results. But I do not know that it has before been employed successfully in diabetes insipidus; indeed, when I began to prescribe it, I did not know that it had been suggested. I find, however, casual mention made of it by Roberts and by Niemeyer, the latter stating that, like some other remedies he mentioned, it is not based on the results of experience but on theoretical grounds. Indeed, from all the references to it which I have seen I infer that it has either only been thought of or passingly tried; for I have not met anywhere with a record of its leading to a cure. Its effect on the capillaries, both of the nervous centres and in glandular organs, suggests its mode of action. That the remedy will be available where grave organic lesions exist I do not think, but I indulge in the hope that, freely given, it will prove of service in cases which without it are incurable.

The second paper was on a case of *Acute Tetanus Successfully Treated by the Inhalation of the Nitrite of Amyl, with Remarks upon the Pathology of the Affection.*

BY WILLIAM S. FORBES, M. D.,

Senior Surgeon to the Episcopal Hospital.

The paper contained the history of a case of violent acute tetanus, beginning on the fourth day after the reception of the wound (an extensive burn), and advancing with great rapidity, having, in forty hours from its commencement, a temperature of 102°, a pulse of 133, and a respiration of 32 per minute, presenting marked opisthotonus, with trismus, and a horrid tetanic grin; and having the muscles of deglutition considerably involved, together with paroxysms of brief and painful spasms, which yet were perfectly controlled by inhalations of nitrite of amyl, which were given in doses of five drops, twice a day, for forty-six days, and which restored my patient to perfect health, without the administration of any other agent beyond good nourishment. The patient was exhibited before the College.

The nitrite of amyl was first ordered on the 11th of February, at first in doses of three drops, to be administered by inhalation twice daily, and a record to be accurately kept of the temperature and the pulse morning and evening. Dr. Rudderow, our resident physician,

kept the record and administered the nitrite. Dr. R. first administered the amył on the evening of the sixth day after the accident, and about forty hours after tetanus first discovered itself; before the three drops had half evaporated the heart's action became more quiet, and at each inhalation of the amył afterwards it was generally observed to have a quieting effect on the heart's action; towards the latter part of the treatment the pulse was among the eighties, although on giving the patient five drops on the 4th of April, six days after he had ceased to inhale five drops twice daily, the heart's action was 132, and tumultuous; whether this was because the system towards the last was becoming accustomed to the action of the drug or not, is uncertain, but this same action of the heart in angina pectoris is recorded by Brunton and by Wilks. In the present case, after the cure of the tetanus, the amył excited the heart as in health.

The eyes were suffused; the skin of the face and neck became very much congested; indeed the whole surface of the body was more or less congested, but this soon passed away when the amył was withdrawn. The three drops had scarcely begun to cause congestion when there was evinced a tendency to gape, and a few days afterwards gaping and yawning both took place at each inhalation until the administration of the drug was discontinued; this gaping and yawning was produced also on Dr. Rudderow while administering the drug, on each occasion. The man said, some hours after the inhalations, on several occasions, that his head felt as if something was running around in it, to use his own expression. On the evening of the 12th he felt more comfortable and had had some sleep.

On the 13th he felt more comfortable; he was more cheerful; his appetite was a little better; his bowels were regular; his opisthotonus became a little less after each inhalation.

On the 14th he was not so well; he had another spasm, the third; the nitrite was now ordered to be given in doses of five drops twice a day.

On the 15th he is better, more cheerful; takes his nourishment, but says before evening he wants his medicine (meaning his amył); that it always makes him feel better immediately after he inhales it. On the 16th he is still improving; the sardonic grin is manifestly less, and his opisthotonus is much less. On the 17th he is still improving,

On the morning of the 18th, the eighth day of the attack, the amył in the hospital gave out, and it was only on the evening of the 20th that it was replaced. For forty-eight hours the patient had no nitrite of amył; his pulse rose late that night to 116, from having been 100 the evening before; his temperature rose to 100°, from having been 98° the evening before. On the morning of the 20th, thirty-six hours after he had taken this last dose of the amył, the opisthotonus and the tetanic expression both were manifestly returning, and he appeared to be threatened with a spasm. In the afternoon, when he again inhaled five drops after an interval of forty-eight hours, he again came rapidly under its influence. He said he felt better almost immediately; his pulse and his temperature again abated. This accident of the cessation of the administration of the amył discovers a most important event in its use; it points to the efficacy of the drug in this case most notably.

On the 29th of March, forty-six days after the first dose of the amył was given, the patient appeared to be perfectly well. He could walk about, and eat, and drink, and enjoy himself in every way as before the attack, except having a feeling of weakness. He had inhaled one ounce of amył.

## EDITORIAL DEPARTMENT.

### PERISCOPE.

#### Management of Wounds of the Urethra.

It is stated in the London *Medical Record*, that Dr. Manson, in his *Thèse de Paris*, 1874, formulates the following rules for the treatment of these serious injuries, which may compromise the health of the patient after he has passed through the first symptoms. He says that, in contused wounds of the urethra, a *sonde à demeure* and perineal urethrotomy are the means to which recourse must be had. Perineal urethrotomy is principally indicated whenever the canal is destroyed to a great extent and

catheterism is impossible. It should be performed with the least possible delay; and, if practicable, a *sonde à demeure* should be placed in the urethra before twenty-four hours have expired, for later on the swelling and the infiltration of urine sometimes makes exploration difficult, and have thus rendered treatment unavailing. After perineal urethrotomy, keeping the penis elevated during the time the sound is left *in situ* is, Dr. Mason believes, a good means of avoiding inflammatory accidents, which for the most part are the result of the stagnation of the pus at the level of the suspensor ligament, this stagnation being in great part due to the flexion of the penis.

THE

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**WHY EXERCISE CONTROL OVER PROSTITUTION?**

It is actually a fact that the spectacle is presented at this time, and in Christian lands, of intelligent people and professed Christians uniting together to oppose the diminution of suffering, the lessening of vice, and the protection of purity. For all this is meant by the deliberate and organized opposition to the sanitary and police control of prostitution. Nothing is a more impressive commentary on the sham religion of the day than this Pharisaic desire to avoid dealing with publicans and sinners. Hospitals established or supported by private charity and by religious (!) denominations, as a rule, exclude all venereal cases. If there is any hospital under sectarian control, in any city in this country, which admits such cases on the same footing as others, we do not know it, and shall be glad to learn of it.

No one who is honest, and chooses to study honestly the action of the English contagious

diseases Acts, can doubt that they have accomplished the following results:—

1. Diminished syphilitic diseases.
2. Lessened the number of prostitutes.
3. Prevented prostitution by girls.
4. Aided the peace and quiet of the protected districts.
5. Contributed thereby to the comfort and safety of respectable residents.
6. Afforded better opportunities to reclaim deceived and inexperienced girls.
7. Effectually prevented the iniquitous tyranny exercised by brothel-keepers over their inmates.

One of the most marked advantages attending the operation of these Acts is, that it affords some opportunity for successful efforts being made for reclaiming a woman, for rescuing a number of young and inexperienced girls, and for exposing and repressing a tyrannical and iniquitous system of trading in vice and immorality on the part of brothel-keepers and others. One hundred and nineteen girls between the ages of 12 and 18, and one hundred and twenty-three women between the ages of 18 and 30, and twelve above that age, who had been found in bad company and improper places, had been rescued and put in the way of virtuous employment, within the last six months previous to the publication of the last official Report.

This Report further shows: 1. That during the years 1868-72 the English garrisons in which the prostitutes were submitted to no visitation had continually 9·16 per 1000 men in hospital on account of syphilis. 2. That during the same period, in the English garrisons in which prostitutes were submitted to sanitary visitation, the proportion was 4·49 per 1000; and 3. That in six regiments, taken by chance, which on December 31, 1874, were in the Paris garrison, where prostitutes are submitted to careful examination, only 2·74 per 1000 were in hospital for syphilis.

As is well remarked by Dr. JEANNEL, in the *Annales d'Hygiène*, "The most imposing autho-

rities in England, as well as on the Continent, are in accord in regarding syphilis as a scourge analogous to the plague, and a hundred times more pernicious in its effects, attacking the human race first in its virility and then in its reproduction. The problem sought to be solved by the sanitary inspection imposed upon public prostitutes, and by the sequestration and treatment in closed hospitals of such of them as prove to be infected, is not the affording security to debauchery some affect to believe, but is really the application, to the extent that is possible, of a quarantine system to the prophylaxis of an eminently contagious disease, the pernicious effects of which are not temporary, like those of most other contagious diseases, but are often prolonged during the entire life of those who are subjects of them, and may be propagated to the lives of their descendants."

It is no sort of argument to say that such laws cannot be enforced; for in limited districts we know they *are* enforced, with the results given above. And, moreover, if we honestly believe the supervision ought to be exerted, we should try and try, till we find a system that can be observed. The supineness of the American profession on this subject is discreditable to it, and arises chiefly from a lack of courage to face public opinion. That sort of public opinion, and the narrow, bigoted religionism on which it is founded, should alike be vigorously attacked. No such doctrine was thought of by Him whose followers Christians claim to be, and their action in advocating the ostracism from legal aid, sanitary government, and hospital facilities, of this most wretched class of women, is a mockery of true religion and an injury to social prosperity.

#### NEWS AND MISCELLANY.

##### Medical Society of the State of Pennsylvania— Twenty-sixth Annual Session.

The Society met Wednesday, June 9th, at Pottsville, and was called to order at 3 p.m., by the President, Dr. Washington L. Atlee, of Philadelphia, assisted by the Vice Presidents, Drs. George D. Bruce, of Pittsburgh, Rowan

Clark, of Antistown, P. B. Breinig, of Bethlehem, and Alexander Craig, of Columbia.

The Permanent Secretary, Dr. Wm. B. Atkinson, of Philadelphia, the Assistant Secretary, Dr. R. S. Chrisman, of Pottsville, the Treasurer, Dr. Benjamin Lee, of Philadelphia, and the Corresponding Secretary, Dr. R. J. Dunglison, of Philadelphia, were present.

The session was opened with prayer by Prof. Traill Green, M.D., of Easton.

The Chairman of the Committee of Arrangements, Dr. A. S. Halberstadt, of Pottsville, welcomed the delegates, etc., as follows:—

Mr. President, Gentlemen of the Medical Society of the State of Pennsylvania:—

Among the many varying events in the history of an individual, none can be more pleasant than to pronounce the voice of welcome to honored and distinguished guests. Not alone does the medical profession, but the common intelligence of this people welcome you, in your associate capacity, as representing the great profession of a great State.

Your mission here, this day, is of no ordinary import, enlisted as it is in the interest of humanity, not only in establishing hygienic safeguards for the preservation of health, but for improving means for the alleviation of the suffering ill which flesh is heir to.

Associations composed of men of science, whether social or devoted to arts, bear to the minds of the general public an individual interest, closely allied to all the various relations of life, but where the charge is of man's physical condition, upon which depends the moral, social, and general well-being of all his race, that interest is greatly intensified, such proceedings are closely watched, and much is expected by those who join with me in bidding you this welcome greeting.

By the interchange of ideas, diversified, through the peculiar influences of our homes and the ever-changing character of our surroundings, as to subjects and local manifestations of disease, we should do much to arrive at conclusions of the true nature of maladies, and determine indications, as revealed by science and observation, for treatment to establish successful issues.

From your self-imposed guardianship, as the custodians of public health, and the individual responsibility centred in so large a representation as that of an entire commonwealth, the public assume to demand your calm and deliberate action upon all matters presented for your consideration; and, in no degree, can you acknowledge your collective responsibilities and serve them more, than by positively and directly asserting your influence in an endeavor to elevate the standard of medical education.

Trite and threadbare as this subject may be, the evil to be remedied is the stumbling block to all permanent advancement, either in the prosecution of knowledge, the observance of ethics, upon which the morals of the profession depends, or the attainment to that posi-

tion and influence that those who are so intimately connected with all the disordered phases of life should unquestionably enjoy.

In this land of reputed freedom, but really of quasi despotism, the repeated appeals to legislation has in no instance accomplished the passage of a law, the verbiage of which was not susceptible of an infamous interpretation, and its attempt at execution so besieged by the cry of persecution, as to virtually secure an immunity to that class of irregular practitioners whom the law, on the ground of public safety, was intended to apprehend.

Physicians, as such, cannot take part in advocating legal measures without subjecting themselves to the charge of indelicacy, by urging restrictions upon men professing the same avocation, where competition is involved, and thus simply nursing their own pecuniary interests.

Now, in what manner can this be obviated, the end attained, and such reproachful charges made improbable?

We say let honorable members of the medical profession exercise their prerogatives in refusing to take students at the very threshold of the preceptor's door, who have not received the necessary training to enable them to comprehend the elements essential to a thorough medical education.

Then the unsuccessful tradesman of to-day will not be the recipient of a medical diploma to-morrow, from some legally recognized school, and institutions, for the mere sake of numbers, will fear temptation leading to betrayal of trusts, as evidenced by many diplomas issued from authoritative hands.

Where legislation fails, and always has failed, in consequence of the corruption that pervades our petty law-makers in conception, and peace justices in execution, we shall have an educational basis, that will not only insure practical physicians, but scientific theorists, whose observations must result in combining the eminent characteristics peculiar to American and European practices.

It is through you, gentlemen, as the representatives, of the great body of the profession of this commonwealth, and through your county societies, that this state organization shall compel that advance by our Pennsylvania schools, as Massachusetts has done, not only by fixing an educational standard for matriculation, but by extending the terms of lectures from two years, (notoriously too short), to three, and this done with a determination on the part of physicians to guard the portals of our schools of learning, by restraining the incompetent, and directing sustaining patronage only to such institutions as exhibit due respect for themselves: then shall we find the doctor of medicine not a mere empty title, but an immediate passport to honorable recognition.

Legislation now will be unnecessary, the evils resulting from the pernicious rivalries of schools nugatory, and the standard of graduation, once established, would be zealously

guarded, for safety, comfort and physical welfare, by the masses.

The quack and charlatan, feeding like parasites, by comparison, upon the incompetent but recognized, would be obliged to seek other fields of labor for the deceptions of their arrogant impositions, and thus, by dignified merit, the general public would recognize its own interests, and, by its own unconscious, yet irresistible, moral weight, crush out the unprincipled abettors of the host of pathies, with their innumerable prefixes.

It is in the interest of all who love their profession, and have zealous care for their country's reputation, that we enter this earnest plea for some deliberate action, by which so great a boon to humanity, social or suffering, may be realized.

With the hope, then, gentlemen, that upon *an educational basis* the standard of our profession may be truly elevated, that attempts by law may be regarded as not only useless but undignified, that our proceedings may be marked by sincerity and harmony, and that the interests of the public good may be duly considered, we again extend to you, in hearty welcome, the freedom of this City and its surroundings, and implore such blessings as may attend lives consecrated and faithful to trusts of professional duty.

And now, gentlemen, a few words as to your local surroundings and the peculiar features of this region. It has been said, by a wise observer, that the great nations of the near future are those who have the most abundant supply of iron, and of fuel wherewith to reduce it, and it is not a little startling to find that our compeers in the short catalogue of the greatest nations are Russia and China.

Assuming these declarations as true, and the importance of coal as one of the great factors of power, Pennsylvania has reason to congratulate herself on the possession of a coal which is the nearest to perfection of any that is known, or likely to be known, being very nearly pure carbon, and spread over the very limited area of four hundred and seventy square miles, less than an average county containing the whole of it. Of this area about one-half lies in our immediate vicinity, but owing to the greater thickness of the beds of coal in our southern coal field, this one half of the area contains six-tenths of the workable coal. Through this territory the coal lies distributed in sheets, varying in thickness from three feet, at which some red ash veins are profitably worked, up to that grand deposit in the Shenandoah Valley, twelve miles north of us, where the Mammoth vein reaches the thickness of one hundred feet. These sheets, by changes in the form of the earth's crust since their deposition, have been more or less wrinkled, and are now found standing at all angles of inclination, in some places perfectly flat, and in others, as in the sharp mountains (which form the Southern boundary of our town and of the coal region) tilted past the perpendicular, and leaning over into the valley,

at depth varying from nothing, where they come to the surface, to the unknown depths just under our feet, where to reach them we should have to descend four thousand feet, nearly three quarters of a mile below the level of the sea. I will not weary you with enormous figures which represent quantities of which the imagination can take no hold, and will only say, for the comfort of those who know the value of anthracite, and hope it may last their time, that one of our competent observers estimates that at the present rate of consumption the supply should last 2600 years. During the excursion which your committee propose that the society shall make on Friday, you will, no doubt, get all the facts and figures which you can digest, and in them much of the information will enter the eye as well as the ear; it is more likely to be retained than it would be were I now to lay it before you.

He offered the following programme for the sessions:—

Wednesday, June 9th, the Society will meet in Union Hall, at 3 o'clock, p. m., and adjourn at 6 p. m. Annual address, by Washington L. Atlee, M. D., President of the Society, at 8 o'clock, p. m. Reception at Dr. Halberstadt's, at 9 p. m. Thursday, June 10th, the Society will meet in Lyceum Hall, at 8½ a. m., and adjourn at 12 m. Also, at 2 p. m., and adjourn at 6 p. m. The Annual Dinner at Union Hall, 8 o'clock, p. m. Friday, June, 11th, meet at 7 a. m., should there remain unfinished business. At 8 a. m. an Excursion (through the courtesy of the Philadelphia & Reading Railroad Co.), by rail.

On motion, the programme was adopted.

Reports were presented by the following County Medical Societies, and severally referred to the Committee of Publication: Adams, Allegheny, Berks, Blair, Butler, Chester, Clearfield, Columbia, Delaware, Luzerne, Lycoming, Mercer, Mifflin, Montour, Montgomery, Northampton, Philadelphia, Schuylkill and Tioga.

Reports from delegations to other Medical societies being in order, the only one to report was that of the New Jersey State Medical Society, Dr. I. S. Eshleman, of Philadelphia, who gave a brief account of the recent session of that Society, at Atlantic City.

On motion of Dr. Atkinson, the addresses on Medicine and Surgery were made the first order of business, on Thursday morning.

On motion of Dr. J. G. Stetler, of Philadelphia, it was agreed that the various delegations should meet at the close of this afternoon's session, to select their representatives in the nominating committee.

The Permanent Secretary, in the absence of Dr. O. H. Allis, of Philadelphia, read a paper, entitled "A Few Suggestions on the Use of Ether," and exhibited the instrument he employed.

#### A Few Suggestions upon the Use of Ether.

There are but two anaesthetics available to the physician and surgeon, and these are ether

and chloroform. The latter possesses every charm that could be desired in an agent for producing prompt insensibility to pain; and were it not that its use has been attended with frequent and fatal disasters, it is not likely that the profession would seek a substitute for it.

Ether, as it is commonly employed, presents a very striking contrast to it, and holds a place of rivalry by its side, simply from the fact that it is a safer, though less effective agent. But the safety of an anaesthetic, is no mean recommendation, and it is with the hope that I may offer a few hints that may assist in overcoming the apparent defects of ether, that I ask a few moments of your time.

The most striking defects of ether are. (a). Its proneness to irritate the air passages. (b). Its comparative feebleness as an anaesthetic agent. (c). Its long and vexatious stage of excitement.

These and other points are seen in the use of ether, and it cannot be denied that, ordinarily, they contrast strongly with chloroform. But are these the defects of ether, or of its mode of administration? I think the latter.

That ether often irritates the larynx is true, but only in the early stages of the anaesthetic procedure; and that, too, when it is used in too strong and concentrated a form. If a faint odor of ether is given at first, and this gradually increased, it will be found the exception, and the rare exception, that it is in the slightest degree irritating.

The other objections to ether may be embraced under the head of its feebleness as an anaesthetic. This I think needs no argument, and all that is left us is to add to its strength by an effective mode of administration. It requires a concentrated vapor of ether to accomplish any prompt results, and those who use it most have learned that it should be used with great profusion, and that the respired air should be thoroughly impregnated with the ether. Such course has been found to be prompt and to be unattended with danger. I shall offer no criticism upon it, but simply state that I think the effect can be gained quite as promptly and without the waste of ether, or the offence to the patient; what ether requires is an opportunity to evaporate, and under favorable circumstances, when there is a thin stratum of it, its disappearance is almost instantaneous. Any apparatus or vehicle for the administration of ether, that holds it in any quantity and retains it in the fluid state, is not well adapted for its use, while any contrivance that will favor the rapid deliverance of the vapor of ether must, ceteris paribus, be more effective.

To reach this point, I have contrived a wire frame work for keeping many folds of a bandage at a slight distance from each other, and yet having the whole in a compact form that will readily adjust itself to the face. The sides are enclosed, but the ends are left open. The one for the patient's face, the other for the entrance of air and the ready supply of ether.

It might at first appear unscientific, and to

favor a waste of ether, but it is in every way an advantage; not only as it permits the ether to be added in *small and constant quantities*, but as the vapor of ether *falls*, by its density, there can be no need of closing it at the top.

The folds of bandage, being separate from each other, cannot hold the ether, and must almost instantly liberate it, and the extent of free exposed surface of bandage, in a space less than four inches square is over *one thousand square inches*. When one thinks that the air has ready access to both sides of so great a surface, and that upon this surface the ether falls, it must seem rational that such a mode of administration must be effective; and when, too, it is seen that the supply of ether may be constant, *one need never add more than a half drachm at a time*, if he will permit but a few seconds to elapse between the successive supplies.

I have found it very effective. I usually produce complete anaesthesia in females in seven minutes, and with about two ounces of ether. Persons seldom object to taking it, and the stage of excitement is no more *excessive, prolonged or frequent*, than with chloroform.

I adhere strictly to the following plan. The patient, being freed from all restraint, as to clothing, I place the apparatus over the face and add *a few drops of ether*, hardly enough to give a strong odor of ether. In a few seconds I add a few more drops, taking care not to give it in too concentrated a form at first. In a few minutes I see the patient taking deep respirations, and then I add it more constantly, *not too much, to be offensive or objectionable to my patient, and not too little to be efficacious*.

It requires some skill to give ether well, but its safety ought to commend it, and skill will overcome every defect of it.

Remarks were made by Drs. Levis and Keyser, of Philadelphia, and Dr. Pollock, of Pittsburgh, showing objections to this apparatus, and Dr. W. L. Atlee, of Philadelphia, in favor of it, when, on motion, the paper was referred to the Committee of Publication.

Dr. J. T. Carpenter, of Pottsville, exhibited a case of resection at the elbow joint after a gunshot wound. Amputation was not performed because the patient was at first in a condition forbidding it, and the resection had saved the arm, which was very useful, the patient showing how much power he had with it.

On motion of Dr. Lee, of Philadelphia, Dr. Carpenter was requested to prepare a report of the case for publication.

Dr. Peter D. Keyser, of Philadelphia, read a paper explanatory of the terms and signs used by oculists in describing their cases, and also the results of a number of cataract operations. The paper was referred to the Committee of Publication.

The President appointed as the Committee on unfinished business Drs. Stetler, of Philadelphia, T. J. Gallaher, of Pittsburgh, and G. F. Horton, of Tarrytown,

The Society then adjourned until 8 o'clock, P.M.

#### EVENING SESSION.

The Society was called to order at 8 P. M. Vice President Dr. G. D. Bruce occupied the chair.

The President, Dr. Washington L. Atlee, then delivered the annual address, entitled "Old Physic and Young Physic; some of the changes of the past half century contrasted and compared, and their advantages estimated."

He alluded to bleeding, its past and present, showing the objections to the old habit of indiscriminate bleeding, and the objections to its entire disuse. He alluded to the habit, in former times, of every physician carrying a spring lancet in his pocket, and then asked those present who had such an instrument with them to hold it up, and requested Dr. Atkinson to count them; five or six were exhibited, and he continued, "Here is demonstration, strong as 'Holy Writ.' What a change, within even a quarter of a century, has overtaken our therapeutics!" The antiphlogistic treatment was carried out by the addition of tartar emetic, active purgation, etc. The use of cold water was forbidden: and he alluded to the fallacy of this treatment, while he questioned the success achieved by those who entirely ignored the use of blood-letting, contrasting their results with those obtained by some who go to the other extreme, and treat inflammation with stimulants, etc.

He next alluded to the real advances, as in gynaecology, the discoveries in uterine pathology, etc. He descended upon the present habits of dress, etc., as inducing female diseases: the objectionable mode of suspending such a weight of clothing from the waist, the luxurious mode of living, the revels of night and the sleeping in the day in close chambers; the necessity for climbing so many pairs of stairs in our modern houses. He spoke of the "delicate girl, pallid and wan, struggling wearily under a load of clothing, all suspended, not from her shoulders, but from her necessarily constricted waist. See this beautiful peacock, as she drags her long train through the tobacco juice, the slush and mud of our dirty pavements, scraping up sticks, straws, old paper, cigar stumps, and filthy quids of tobacco, and dropping them at every crossing, and thus block after block repeating the same disgusting and injurious performance. She finally reaches home, worn out with her burden, her costly dress smeared with the most offensive filth, her stockings soiled, her limbs wet and cold." She has as much stuff in her flounces and pack saddles, as would make an old style dress. This is not all. Her heel mark is scarcely larger than the thumb nail, a skip, and the impression of a very narrow sole. It is only five or six inches long. The heathen Chinee could scarcely do better. Look at this shoe. A heel two inches high, shaved down nearly to a point, placed almost under the instep. Instead of the os calcis, she uses the scaphoid and cuboid as the heel. In place of the points of support being

on a level, the heel is tilted up two inches higher, the foot is crowded forward, the great toe is forced over the others. She is constantly walking down hill, and in health is going down hill all the time.

All this forces her entire frame out of its proper line, and she is compelled, in order to maintain her perpendicular, to throw her hips back. He contrasted the real and the fashionable woman, and thus accounted for many of her ailments. He urged a change in dress, that no longer should women be thus travestied and injured by fashion. He alluded to the fearful increase in the use, by women, of tonics and stimulants, as partly the result of their indisposition from these abominable dress fashions, and urged, very emphatically, a reform in this respect.

He next spoke of the ovarian troubles, the cystic hypertrophy, and the grand results of ovariotomy of McDowell, the first operator, and of the incalculable benefits he had thus conferred, and pronounced a glowing eulogy upon our distinguished brother now sleeping with the silent dead.

Next, he spoke of the operation for vesico-vaginal fistula, and alluded to our great brother, Dr. J. Marion Sims, recently elected President of the American Medical Association.

Anæsthesia was also an American discovery, and that within the half century. He spoke of the dangers attributed to chloroform, and yet he had used it since 1848, and without any serious result. He believed that anæsthesia by diminishing nervous shock, greatly increased the probabilities of recovery after operations.

The application of instruments to diagnosis, therapeutics, pathology and physiology, claimed his attention. The microscope has proved invaluable; it has vastly aided us, and he spoke of the one great diagnostic mark in ovarian tumors, discovered by the use of the microscope, by Dr. T. M. Drysdale, one of the members of this society. The clinical thermometer, the speculums of all kinds and uses, the ophthalmoscope, etc., electricity and its apparatus, gum-elastic, and Esmarch's method, all of which were not among the armamentarium of our ancestors.

He alluded gratefully to our boards of public charities, the improvements in our hospitals, prisons, schools, etc., the relief for the insane, Women's Medical Colleges, educated masses, the study of specialties by the profession in large cities. On the latter subject, he deprecated the medical man educating himself solely for a specialty. He should first be prepared to attend to every call, and as he advances, he may develope his particular sphere of usefulness; as he advances in years, he may gradually withdraw from general practice, and select that which is most congenial. These are the true specialists, who are ever welcome and never miss their calling.

He concluded with the importance of medical organization, the advantage of the code of

ethics, the improvement in laws for the profession, the advance in standing of the medical officers of the army and navy, and the laws for the health of the community.

He closed with a beautiful allusion to the old, but still shining lights of the profession, yet observed among us, interspersed with the active, energetic men, bringing in their offerings to offer at the shrine of their noble calling.

On motion, the thanks of the Society were tendered to Dr. Atlee for his able and valuable address, and it was referred to the Committee of Publication.

On motion the Society adjourned until 8<sup>4</sup> A.M. on Thursday.

#### THURSDAY, JUNE 10TH.

The Society was called to order, at 8<sup>4</sup> A.M., by the President.

The following were reported as constituting the Committee on Nominations:—

Adams, J. L. Baehr; Allegheny, R. B. Mowry; Blair, R. Clark; Butler, J. McMichael; Berks, De B. Kuhn; Bradford, S. P. Dusenberry; Chester, Jas. Fulton; Clarion, J. F. Ross; Clearfield, R. V. Spackman; Columbia, L. B. Kline; Cumberland, E. B. Brandt; Dauphin, H. L. Orth; Delaware L. Fussell; Franklin, Wm. Montgomery; Huntingdon, D. P. Miller; Indiana, J. W. Hughes; Lancaster, I. K. Lineaweafer; Luzerne, Chas. Burr; Lycoming, T. Lyons; Montour, Jas. Ogleby; Mifflin, O. S. Harshberger; Mercer, J. H. Twitmire; Montgomery, H. Corson; Northampton, A. Seip; Philadelphia, Wm. Pepper; Perry, J. Swartz; Schuylkill, G. W. Brown; Susquehanna, E. F. Wilmot; Tioga, L. Darling; Washington, G. A. Linn; Westmoreland, C. D. Eisenman.

They were instructed to meet immediately after the address in Medicine had been delivered.

Dr. Wm. Pepper, Philadelphia, then delivered the address in Medicine. He said:—

"Perhaps no more difficult question could be submitted for any one's decision than the choice of a subject for such an address as I have the honor of being appointed to deliver before this Society. This difficulty springs from two sources. The usage which formerly rendered such discourses not so much addresses in medicine as a report of the progress of medical science, would seem, to a great extent, to be superseded by the ever increasing number and comprehensiveness of the abstracts, summaries and year books which present in a most convenient form every new fact or theory in connection with medical science. And it might, therefore, appear more appropriate to select as a theme for the remarks I shall have the honor of making here, some one important topic, were it not for the fact that so long a time has elapsed since any similar address on medicine has been delivered before this society, that I find it difficult to select any one from the group of immensely important medical questions which have occupied the attention of the profession

during that period. It has, therefore, appeared to me that it might be as well to avoid either of these courses, and without attempting to give the barest epitome of all that has been added of importance to medical science during the last five or ten years, or without selecting any one such topic for exhaustive treatment, to touch briefly upon a few of the leading questions of the past decade, which are distinguished either for their newness or originality of their general or comprehensive character.

Among the most important recent additions to our nosology, a few may be taken for special mention. I doubt not that if the record of medical literature, or even the carefully preserved memoirs of individual experience, should be critically reviewed, numerous cases would be recalled of apparent causeless anaemia, occasionally resisting all treatment, and progressing to a fatal issue. But it has been reserved for a Swiss observer, Birmer, of Zurich, in 1872, to detect the very marked peculiarities which characterize certain cases of this kind, and to describe them under the name of "progressive pernicious anaemia." His original study is based by a careful description of fifteen cases, and since then cases in confirmation have been published by Gressow and others. So large a proportion of these cases have been observed in Switzerland, in addition to the fact that as yet no record of similar cases in France, England, or America have appeared, that it has been supposed that the disease is specially developed under peculiar geographical influences. The peculiar feature of the disease is an intense anaemia, without special cause, so far as yet known, which steadily progresses to a fatal result, often accompanied during the last stages by oedema, hemorrhages, tending to syncope, and characterized anatomically by an extreme diminution in proportion of red blood globules, with no increase in the white cells, and by advanced fatty degeneration of the heart, liver and kidneys, but without any enlargement of spleen or sympathetic glands."

It is not desirable, at this time, to enter into the discussion of the differences which exist between this singular and fatal affection and any of the more familiar analogous conditions. Its pathology cannot be regarded as established, but I may refer to the fact that my own examinations made it probable that the one essential feature is an alteration of the marrow in the bones, similar to that which has now been repeatedly observed in some cases of leukaemia."

It is, however, in connection with the diseases of the nervous system that many of the most brilliant advances in knowledge have been made.

One of the most recent additions to the list is Menier's disease, labyrinthine vertigo. He mentioned cases in his own practice. The patient feels a vertigo, and as though the building were falling in, and pitches to the ground, without loss of consciousness. This lasts several minutes, ending with severe vomiting and a copious cold sweat about the forehead, and

then he recovers. There was always noticed a ringing in the ear. The spells occur at irregular intervals. It is readily seen to be distinct from epilepsy, though no doubt this, error, often occurs. It is the result of otitis, etc., with a lesion of the semi-circular canals. Iodide of potassium seemed to give marked relief.

The last addition to our nosology is "pseudo-hypertrophic muscular paralysis," or "progressive muscular sclerosis." It is characterized by a gradual loss of muscular power, generally the lower extremities first.

The limits of our space prevent a more full abstract of this part of the address.

Dr. P. then alluded to numerous additions to the knowledge of pathology; he referred to the advantages of clinical observations and record, in our hospitals particularly.

"There is a striking lesson to be drawn from such subjects in regard to the immense value of careful clinical work; the proud achievements to be wrought; the vast fields which still spread before, awaiting their conquering influences. So far from being true that the time has passed away for discoveries or advances effected by mere clinical study, unaided by the elaborate resources of modern scientific investigation, it may be asserted, that no time could be more favorable for the employment of trained powers of observation, and for the exercise of careful generalization and instruction. Several important additions to our clinical knowledge have been made, not by hospital physicians, freed by their position from the harassing cares of a private practice, and enabled to devote themselves solely to scientific investigation, but by the practical study and acute observation of the active, busy practitioners in the field of their own private experience. Nor is it a gratifying reflection, that while in the improvement of the mechanical arts our countrymen have shown themselves so apt, so full of inventive genius, we can lay claim to so small a share of the progress affected in medical science during the past quarter of a century. Among the reasons which suggest themselves prominently in explanation of this must be mentioned the entire want of suitable clinical training in the present American system of medical education. It is humiliating to us as physicians to reflect that next year, when the nations of the earth shall be gathered together in the chief city of our Commonwealth, to witness the proud exhibit of our country's progress in all the arts of peace during the first century of her independent existence, and when we ourselves are to welcome as guests the honored and illustrious representatives of medical science from abroad, to be able to show but little progress or improvement in the great and important field of medical education. But I am assured that if from such bodies as this there shall go forth the demand for reform and advance in our system of education, ere long the need would be fully met, and I may add that the Centennial year will not have passed away before Pennsylvania will have placed herself in the foremost rank in this, as

in so many other of the great fields of intellectual progress.

*To be Continued.*

#### Fulton County (Ohio) Medical Society.

At a meeting of this society, May 28th, the following officers were elected: President, Dr. P. E. Jones; Vice-president, Dr. W. A. Scott, of Swanton; Secretary, Dr. S. P. Bishop, of Delta; Treasurer, Dr. A. J. Murbach, of Archbold.

#### The Question of Professional Privileges.

In one of the New York City courts, last week, a case came up involving this question. It was *Bennett vs. Toal*, and was a suit for damages, based on slanderous words alleged to have been uttered by the defendant, who is a physician, and who attended professionally on the plaintiff. When the physician's services were no longer required he sent in his bill, but was refused payment, plaintiff giving no reason for the refusal. Dr. Teal then brought the case before Judge Koch. Upon the trial the Doctor, in answer to a question, stated that the disease was one that no decent woman should have. Judgment was given in the Doctor's favor by Judge Koch. The naming of the disease and the remarks of the physician formed the ground of this suit. These facts appearing in evidence, a motion was made to dismiss the complaint, on the ground that the words were privileged. In answer, it was contended that the Revised Statutes prohibited any physician from stating the character or nature of any disease, or revealing anything intrusted to him, and that this took the case out of the operation of the statute. Judge Gross severely censured the conduct of the defendant, but was compelled to dismiss the complaint, holding that evidence thus given was not actionable.

#### Epidemics.

Malignant small-pox continues in Long Island City, and great fears are entertained that the disease will become epidemic.

The increase in the number of small-pox cases during the past few weeks, in New York City, has been so great that the Small-pox Hospital on Blackwell's Island cannot accommodate all the patients sent to it. Hence a dozen canvas tents have been erected at the rear of the building.

The cable states that the English government has received dispatches confirming the reports of frightful mortality among the natives of the Fiji Islands, from epidemic measles. The authorities of the islands had been telegraphed to to spare neither expense nor exertions to stop the progress of the disease. They have also been instructed to take precautions for the preservation of the peace, disturbances being apprehended in consequence of the belief by the natives that the pestilence had been pur-

posely imported into the islands. The mortality is similar to that occasioned by the same disease on its first introduction to the Faroe Islands in the last century.

In Chester and Montgomery Counties, Pa., malignant scarlet fever is reported, with heavy mortality.

English journals report some cases of cholera among pilgrims in the city of Benares. In Oud, a cholera panic prevails. Fearful accounts have been received from Cawnpore, Fyzabad, Jounpore and Benares. The railway train turned out 18 corpses at Lucknow on one trip. The Benares train, due at Lucknow one night, reached there next morning, having been delayed by frequent stoppages for the removal of the dead and dying.

#### Metal-glass.

A peculiar glass has been invented by Herren Lubisch and Riederer, in Count Solm's glass-works, Andreeshütte, at Klitschdorf, near Buzlau. This glass, which the inventors call "metal-glass," is so hard, that when a pane lies on the ground, and a leaden ball of two ounces weight falls upon it from an elevation of twelve feet, it receives not the slightest impression; nor is it in the least affected when dipped, whilst red-hot, into cold water. Window-panes, lamp-cylinders, and other articles of domestic use, made from this metal-glass, can, therefore, almost be regarded as unbreakable.

#### Items.

—The College of Calcutta has probably the largest Medical classes in the world. In 1872 there were nearly 1400 medical students on its roll.

#### QUERIES AND REPLIES.

*Dr. S. Z. D., of Ohio.*—The Toner Lectures can be obtained from the Smithsonian Institute, Washington, D. C.

*Dr. A. DeF., of Ills.*—In addition to the works you mention, we recommend Tanner's *Practice*.

#### MARRIAGES.

**HARVEY—LYNCH.**—In Brooklyn, on Thursday, June 3, 1875, at the residence of the bride's parents, by Right Rev. John Loughlin, Bishop of Brooklyn, Dr. Edward J. Harvey and Margaret S. L., daughter of Captain Dominic Lynch, U. S. Navy. No cards.

**SHIVERS—DAVIS.**—On Tuesday, May 29th, in the private parlor of the Bingham House, this city, by the Rev. James G. Shinn, Dr. Samuel G. Shivers, of Berlin, N. J., and Miss Essie E. Davis, of Glendale, N. J.

#### DEATHS.

**FAHNESTOCK.**—In Annville, Pa., on the 5th inst., Dr. H. A. Fahnestock.

**GRIFFITH.**—In Philadelphia, on the 15th ult., Mary R., wife of Dr. C. M. Griffith.